: Effective on 10/01/2008					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/576,345					
FEE TRANSMITTAL				Filing Date	Filing Date		April 18, 2006		
FOR FY 2009				First Name	lamed Inventor MARCHAND, Gilles AUG			AUG. 0 7 2009	
		. 2005		Examiner N	Name	Dwan A. Geri	do 2		
Applicant	claims small entity s	status. See 37 CFR	1.27	Art Unit		1797	1	ENT A TO A TOWN	
TOTAL AMOUNT OF PAYMENT (\$) 940.00					Attorney Docket No. 10404.039.00				
METUOD OF DAVMENT (sheet all that each)									
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		G FEES	SEARCH FE		EXAMINATIO			ŀ	
Application T	/pe Fee (\$)	Small Entity Fee (\$)		all Entity ee (\$)		mall Entity Fee (\$)	Fees P	aid (\$)	
Utility	330	165	540	270	220	110			
Design	220 220	110 115	100 330	50	140 170	70 85			
Plant Reissue	330	165	540	165 270	650	85 325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$) Fee (\$)  Each claim over 20 (including Reissues)  52 26									
Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110									
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$) Fee Paid			(\$)						
- 20 or HP = 0 x \$52 = 0  HP = highest number of total claims paid for, if greater than 20.				_		Fee (\$) 0	ree	0	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
3 or HP =0x\$220 =0									
	( ) · · · · · · · · · · · · · · · · · ·	claims paid for, if great	er than 3.						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each									
additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets		h additional 50 o (round up to			Fee(\$)	Fee ≃	Paid (\$) 0	
4. OTHER FEE(S			(. ÷ano ap to	- mois number	··, ·		– —— Fe	es Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) \$810.00									
Petition for Extension of Time (one-month) \$130.00									
SUBMITTED BY									
Signature	1/1/1 a	HIII	12/		istration No.	Teleph			
							(202) 496-7500 Date August 7, 2009		
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